

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549778

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1	1			
5		1	1			
6		1		1		
7		1	1			
8		1		1		
9	1		1			
10		1		1		
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12	1		1			
13		1		1		
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19	1		1			
20		1		1		
21		2		1		
22	1		1			
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48		2		2		
49		2		2		
50		2		2		
TOTAL IND.	3	↓	8	↓		↓
TOTAL DEP.	32	←	37	←		←
TOTAL CLAIMS	37		45			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY